# 11000256770

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
(business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	$\neg$
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Office Use Only



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SEPRETARY OF STATE
TALL AHASSEE, FLORIDA

DEC 18 2017
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#### COVER LETTER

Division of C	orporations				
SUBJECT: RC Gil. L	LC.				
.30bace1	(Name of Res	alting Florida Limite	rd Com	ipany F	
				d fees are submitted to convert an "Othe cordance with s. 605,1045, F.S.	
Please return all corre	espondence concernin	g this matter to:			
Cinthia Gil					
····	(Contact Person)				
	(Firm Company)				
5418 Wincrest Court					
	(Address)				
Orlando, Fl. 32812					
	Tity. State and Zip Code)	-			
cinthiairizarri a gmail.co					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Cinthia Gil		at (	781-6 )	143	
(Name of Conta	ict Person)	(Area Code)	(Day	time Telephone Number)	
	or the following amou a bank located in the		rocess	sed by this office must be payable in US	
■ \$150,00 Filing Fees (\$25 for Conversion & \$425 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing and Certified Cop		☐\$185,00 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations		New Fi	MAILING ADDRESS: New Filing Section Division of Corporations		
Clifton Building		P. O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 32314			

Tallahassee, FL 32301

TO: New Filing Section

#### **Articles of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Converge Gill, Inc. PID - GLOQUI	ersion is:
(Enter Name of Other Business Entity)	
The "Other Business Entity" is a Corporation     (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business.	
	iness trust, etc.)
First organized, formed or incorporated under the laws of Florida  (Enter state or if a non-LS on its the name of the	
Eirst organized, formed or incorporated under the laws of	country)
12 05 2017 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or RC Gil. LEC.	ganization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calenda the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statutes.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	e ampunt to

Signed this 12 day of December	20 <u>2017</u> .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Run Printed Name: Raul Gil	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	Title: Manager
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name;	Little:
Signature:Printed Name:	200.1
Printed Name:	Title:
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Trince I saine.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	tv Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Com	npany is:	
RC Gil. LLC.		
(Must contain the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
5418 Wincrest Court Orlando, Fl. 32812	Same as principal	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration)	legistered Office, & Registered Agent's sown Registered Agent. You must designate an indiv	s Signature: idual or another
The name and the Florida street addres	ss of the registered agent are:	
Raul Gil		
	Name	
5418 Wincrest Court		
Florida street addi	ress (P.O. Box NOT acceptable)	
Orlando	FL 32812	
City	y Zip	
liability company at the place desi registered agent and agree to act in the statutes relating to the proper and c	gent and to accept service of process for the ignated in this certificate. I hereby accept this capacity. I further agree to comply we complete performance of my duties, and I tion as registered agent as provided for in	the appointment as ith the provisions of all am familiar with and
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	ent's Signature (REQUIRED)  CONTINUED)	FILL 17 DEC 15 A SEGRETARY DE ALLI AHASSEE.
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#### \* ARTICLE IV-

. . . .

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager AMBR	Raul Gil			
	5418 Wincrest Court			
	Orlando, Fl. 32812	-		
	371111100111111111111111111111111111111	<del></del>	<del></del>	
MGR	Cinthia Gil			
	5418 Wincrest Court	-	_	
	Orlando, FL 3281		_	
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			_	
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(1 i a como domento i Como como )				
(Use attachment if necessary)		₹		
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ARTICLE V: Other provisions, if any.		÷ 32	J30	
ACCITOCAL, VI CARCI provisionis, il any.		\$ 5	Ċ,	T
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REQUIRED SIGNATURE:		\$₹	1: 15	O
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Fred Red		<u>√.</u> ►	_	
Signature of a member or	an authorized representative of a n	iember		

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Raul Gil

Typed or printed name of signee

#### Filing Fees